

K9 Rehab

WELLNESS CENTER

Information form

Ph: 604 435 0002

www.K9rehab.ca

info@k9rehab.ca

Dog's Name: _____ Age: _____ Breed: _____

Spayed or Neutered? YES NO Weight: _____

Owner's Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____ Other: _____

Email: _____

VETERINARIAN INFORMATION

Unless you have been referred by your Veterinarian, please supply us with a copy of your updated vaccination records

Regular Vet: _____ Phone: _____

Clinic Name: _____

Orthopedic Vet: _____ Phone: _____

Clinic Name: _____

Holistic Vet: _____ Phone: _____

Clinic Name: _____

Were you referred by a Veterinarian? YES NO If No how did you find us?

Has your dog been diagnosed by a veterinarian, is so with what?

Has your dog had a recent surgery? YES NO

When? _____ By Whom? _____

Does your dog have any problems with bowel/bladder control? YES NO (if Yes, please explain)

What do you feed your dog? _____

Does your dog have any allergies? _____

What kind of treats does your dog enjoy? _____

Please list supplements of any type that you give your dog.

Supplement	How often?	Reason?	Prescribed By?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any medications that you give to your dog.

Medication	Dose/How often?	Reason?	Prescribed By?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR CANINE COMPANION AND HIS/HER HOME ENVIRONMENT

What type of exercise does your dog normally participate in prior to surgery?
ie: walking, hiking, none

Does your dog do any other therapies?

Please describe any emotional components of your dog that you would like me to be aware of so that I can better honor his/her boundaries and help to be as comfortable and confident as possible during our sessions together.
